HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) KAHIKINA, MICHAEL PUAMAMO

STATE POSITION HELD: (Dept/Div or Board/Commission)

State Representative, 44th District

TERM OF OFFICE (Begin/End):

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Boys and Girls Club, Hawaii 1523 Kalakaua Avenue Honolulu, Hawaii 96826	D	Grants Administrator
SP	Naomi Kahikina HeadStart 87-169 Helelua Street Waianae, Hawaii 96792	D	Head Teacher

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated. regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
			111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
IX IChe	nck here if entry is None		Check here if additional sh	e

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD		DATE OF TRANSFER
	V 14 24		
	grade of the state		
[X]Chec	[X]Check here if entry is None []Check here if additional sheets are attac		

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Bank of America, FSB P. O. Box 7097 Pasadena, CA 91109-7097	F	F
JT	AmeriQuest P. O. Box 11000 Santa Ana, California 92711-1000	F	F

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Kokua Ohana Center 89-195 Farrington Highway Waianae, Hawaii 96792	President	6 years	-0-
Nanakuli Hawaiian Homestead Community Association 89-188 Farrington Highway Waianae, Hawaii 96792	Vice President Director	2 years 4 years	-0-
Oahu Workforce Investment Board 711 Kapiolani Blvd. Honolulu, Hawaii 96813	Member	4 years	-0-
	Kokua Ohana Center 89-195 Farrington Highway Waianae, Hawaii 96792 Nanakuli Hawaiian Homestead Community Association 89-188 Farrington Highway Waianae, Hawaii 96792 Oahu Workforce Investment Board 711 Kapiolani Blvd.	Kokua Ohana Center 89-195 Farrington Highway Waianae, Hawaii 96792 Nanakuli Hawaiian Homestead Community Association 89-188 Farrington Highway Waianae, Hawaii 96792 Oahu Workforce Investment Board 711 Kapiolani Blvd.	Kokua Ohana Center 89-195 Farrington Highway Waianae, Hawaii 96792 Nanakuli Hawaiian Homestead Community Association 89-188 Farrington Highway Waianae, Hawaii 96792 Oahu Workforce Investment Board 711 Kapiolani Blvd. President 6 years 2 years 4 years

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	87-416 Nanakuli Avenue Waianae, Hawaii 96792	1-8-9-004-115-0000-001-2	F
JT	Mountain View, Hawaii	3-1-1-033-053-0000-001-2	С
JT	Maunaloa Vacation Ownership	3-7-8-010-058CPR031	С
JT	87-240 Laulele Street Waianae, Hawaii 96792	1-8-7-029-025	F
	:		

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
JT	Orange Lake Resort and Country Club 8505 West Irio Bronson Memorial HWY Kissimmee, Florida 34747-8201		jt

[]Check here if entry is None

 $[_{\mathbf{X}}$]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
			·

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY	
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[X] Check here if entry is None [] Check here if additional sheets are attached		al sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			704 JUN 10 P12:06 STATE OF HARAM STATE ETHICS COMMISSION	RECEIVED
[x]Check here if entry is None []Check here if additional sheets are attached				

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE P Kaluluring

DATE

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